



CITY OF DURHAM PARKS AND RECREATION DEPT.- PLAYER CONTRACT FORM

PLEASE PRINT:

Participant Name: _____
LAST FIRST MI

Home Address: _____
STREET CITY ZIP

Phone(s): Home _____ - _____ Business _____ - _____ ext. _____

E-Mail _____

City of Durham Resident: Yes ____ No ____ Date of Birth: ____ - ____ - ____
MO DAY YR.

Sport: _____ Year: _____ Team Name: _____

I, the undersigned, acknowledge through my signature the following:

1. I agree to play with the above named team during the playing season as listed above or until given a written release by the team manager and this release is recorded in the office of the City of Durham Parks and Recreation Department.
2. I have read and am aware of all rules governing the organization, administration, and play for this league and promise to carefully observe and abide by these rules and regulations of the City of Durham Parks and Recreation Department (including the Rules of Conduct) and the league to which the above named team is a member.
3. All property held by me and belonging to the City of Durham Parks and Recreation Department or the above named team will be returned upon the conclusion of the program or by request.
4. My signature hereby constitutes my knowledge that a risk of accidental injury may result from participation in this Recreation Activity and it is advisable that all participants secure their own medical insurance. Enrollment in this recreational activity includes insurance coverage provided by the City of Durham in the amount of \$100,000.00 for medical and dental expenses; \$500,000.00 for accidental death, dismemberment, Loss of Sight, Speech and Hearing, or Paralysis. This insurance will pay after all other valid and collectable insurance (ie., it applies on an excess basis).
5. All information provided by me is true and correct.

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE FOR
PARTICIPANT 17 YEARS AND UNDER

DATE

The above signed individual(s) have been informed of the City of Durham Parks and Recreation policies and specifically the Rules of Conduct and I certify that as manager of the above named team, I have knowledge that the information given above is true and correct.

Manager's Signature: _____

Date: _____

Revised 1/06

An Equal Opportunity/Affirmative Action Program